

**PROPOSED COUNCIL STUDY ISSUE**

**For Calendar Year:** 2004

**New** **X**

**Previous Year (below line/defer)**

**Issue:** Update/Review of the Corner Vision Triangle Provision

**Lead Department:** Public Works

**General Plan Element or Sub-Element:** Land Use and Transportation, Bicycle Plan

**1. What are the key elements of the issue? What precipitated it?**

The Bicycle and Pedestrian Advisory Committee would like to review the relevance and adequacy of the corner vision triangle Municipal Code provision. The Committee believes that visibility at street intersections and driveways is extremely important for the safety of pedestrians and bicyclists and that the current provision may not adequately ensure that.

**2. How does this relate to the General Plan or existing City Policy?**

Land Use and Transportation, C3 - Attain a transportation system that is effective, safe, pleasant, and convenient.

**3. Origin of issue:**

**Councilmember:** \_\_\_\_\_

**General Plan:** \_\_\_\_\_

**Staff:** \_\_\_\_\_

**BOARD or COMMISSION**

**Arts**

**Housing & Human Svcs**

**Bldg. Code of Appeals**

**Library**

**BPAC**

**X**

**Parks & Rec.**

**CCAB**

**Personnel**

**Heritage & Preservation**

**Planning**

**Board / Commission Ranking/Comment:**

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BPAC Board / Commission ranked 6 of 13

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4. Multiple Year Project? No Expected Year of Completion 2004

5. Estimated work hours for completion of the study issue.

(a) Estimated work hours from the lead department 100

(b) Estimated work hours from consultant(s): 0

(c) Estimated work hours from the City Attorney's Office: 5

(d) List any other department(s) and number of work hours:

Department(s): Community Development 10

Total Estimated Hours: 115

6. Expected participation involved in the study issue process?

(a) Does Council need to approve a work plan? No

(b) Does this issue require review by a Board/Commission? Yes

If so, which Board/Commission? BPAC

(c) Is a Council Study Session anticipated? No

(d) What is the public participation process?

BPAC meetings

7. Estimated Fiscal Impact:

Cost of Study \$ 0

Capital Budget Costs \$

New Annual Operating Costs \$

New Revenues or Savings \$

10 Year RAP Total \$

Budget Modification Needed \$

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8. **Staff Recommendation**

Recommended for Study  
Against Study  
X No Recommendation

Explain below staff's recommendation if "for" or "against" study. Department director should also note the relative importance of this study to other major projects that the department is currently working on or that are soon to begin, and the impact on existing services/priorities.

*reviewed by*

\_\_\_\_\_  
*Department Director*

\_\_\_\_\_  
*Date*

*approved by*

\_\_\_\_\_  
*City Manager*

\_\_\_\_\_  
*Date*